

Russ

**REPORT TO CITY CLERK
SPECIAL DESIGNATED LICENSE APPLICATION**

- ☒ Police
- ☐ City Attorney
- ☐ Bureau of Fire Prevention
- ☐ Health Department

DATE: 4/15/05
Return by: 4/29/05

CATERER:

NON-CATERER: X

APPLICANT: **KEN'S LIQUOR INC.**
APPLICANT'S ADDRESS: **1350 NO 48TH ST**

ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENSE: **1145 N 47TH BBQ4U
PARKING LOT**

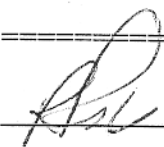
DATE (S) & TIME(S) OF EVENT : **MAY 21, 2005 11A TO 10 PM; RAIN DATE: 6/11/05 SAME HOURS**

DETAILS ON ATTACHED APPLICATION.

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RECOMMENDATION OF APPROVAL OR DENIAL

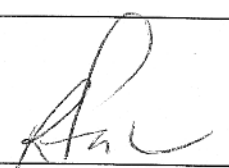
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 APPROVED

CONDITIONS _____

_____ DENIED

REASON(S) FOR _____

 843
Signature

4-18-05
Date

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: MAY 9, 2005

ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

MAY 16
R-7

326

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS

Type of Beverage(s) to be served: ☒ Beer ☒ Wine ☒ Distilled Spirits
Status of the Applicant (check one)
Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☒ Retail ☐ Service
Corporation ☐ Corporation ☐ Museum ☐ Corporation ☐ Corporation ☐ Corporation ☐ Licensee ☐ Corporation

Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K) DK10390
KEN'S LIQUOR INC / 1350 N. 48th / LINCOLN NE 68504 LANCASTER CO.

Address or location of premises to be covered by license. (City, County Number, Zip Code)
1145 N. 47th BBQ4U PARKING LOT Lin Ne 68503 LANCASTER CO
this PREMISE currently licensed under the Nebraska Liquor Control Act? ☐ YES ☒ NO

Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
Harold Hoppe 205 So 13th Suite 910 Lincoln Ne 68508
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event where the license is requested, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.

MICHAEL BUDZINSKI 466-3336
DATE OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
Sat MAY 21, 2005

PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
RAIN Date -> Sat June 11, 2005
Time(s) of event (example 3am to 1am, this is considered one day)

FROM: 11am TO: 10pm
Describe the Type of Activity to be carried on during the time period for which the license is requested.
Catering for BBQ tailgate Party (1st Year Anniversary Party)
Provide an estimated number of attendees at this event 150-175. If the number of attendees is over 250 attach a separate page describing the steps that will be taken to prevent underage persons access to alcoholic beverages.
Weir Bands on stage over 21 years old

PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.

State the number of SDL's that you have applied for at this specific location in the last six months. 0

UNDER NEBRASKA LIQUOR CONTROL ACT

Description of the premises: ☒ Inside Building ☒ Outdoor Area

Dimensions of area to be covered by license: 100 x 100'. Please draw in the space provided below, the area where sales will be sold and consumed. LENGTH WIDTH (In feet)



Forced in area

Outdoor area, how will premises be separated from areas open to the general public? ☒ Fence ☐ Tent ☐ Other (if other, please explain)

Is the premises to be covered by the license located within the city/village limits? ☒ YES ☐ NO

Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or veterans, their wives or children? ☐ YES ☒ NO

Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number.

From Ron's liquor Inc Lic DK 10390

Will the premises to be covered by the license comply with all Nebraska sanitation laws? ☒ YES ☐ NO

Are there separate toilets for both men and women? ☒ YES ☐ NO

Other information or requests by the applicant:

Will there be any games of chance operating during the event? ☐ YES ☒ NO

NOTICE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by person(s) solely responsible to the holder of this Special Designated License.

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Authorized Representative/Applicant

President
Title

April 12, 2005
Date

1
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Supervisor

Manager
Title

April 11, 2005
Date

Law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

Compliance with ADA, this form is available in other formats for persons with disabilities. If an advance period is requested in writing to produce the alternate format.

From: CITY OF LINCOLN-FINANCE DEPT. 402 441 8325

04/15/2005 10:19 #519 P.003/006

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: BBO4U 1st Anniversary

Applicant and Sponsoring Organization or Person (if applicable): Ken's Liquor Inc

Date of Event: May 21, 2005 Time of Event: 11am - 8pm (SATURDAY)

Has the applicant applied for and received liquor liability insurance? ☒ Yes ☐ No

Number of persons expected to attend: 150-175 Number of persons under 21 expected: 0
Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol:

Security checked a entrance (ID Bracelets will be used)

Will food be served? ☒ Yes ☐ No If yes, please list food to be served: _____

BBQ by BBO4U

Will non-alcoholic beverages be served: ☒ Yes ☐ No If yes, please list non-alcoholic beverages to be served: water / pop

Please identify the beverages containing alcohol that will be served: ☒ Wine ☒ Beer
☒ Distilled Spirits

Will this be a cash or complimentary bar? ☒ Cash ☐ Complimentary

Who will serve the beverages containing alcohol? my Bartenders

Have the designated servers received responsible beverage service training? ☐ Yes ☒ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____

PLEASE USE REVERSE TO PROVIDE A DRAWING

Michael J. Bifulco
Applicant's Signature

4-15-05
Date

From: CITY OF LINCOLN-FINANCE DEPT. 402 441 8325

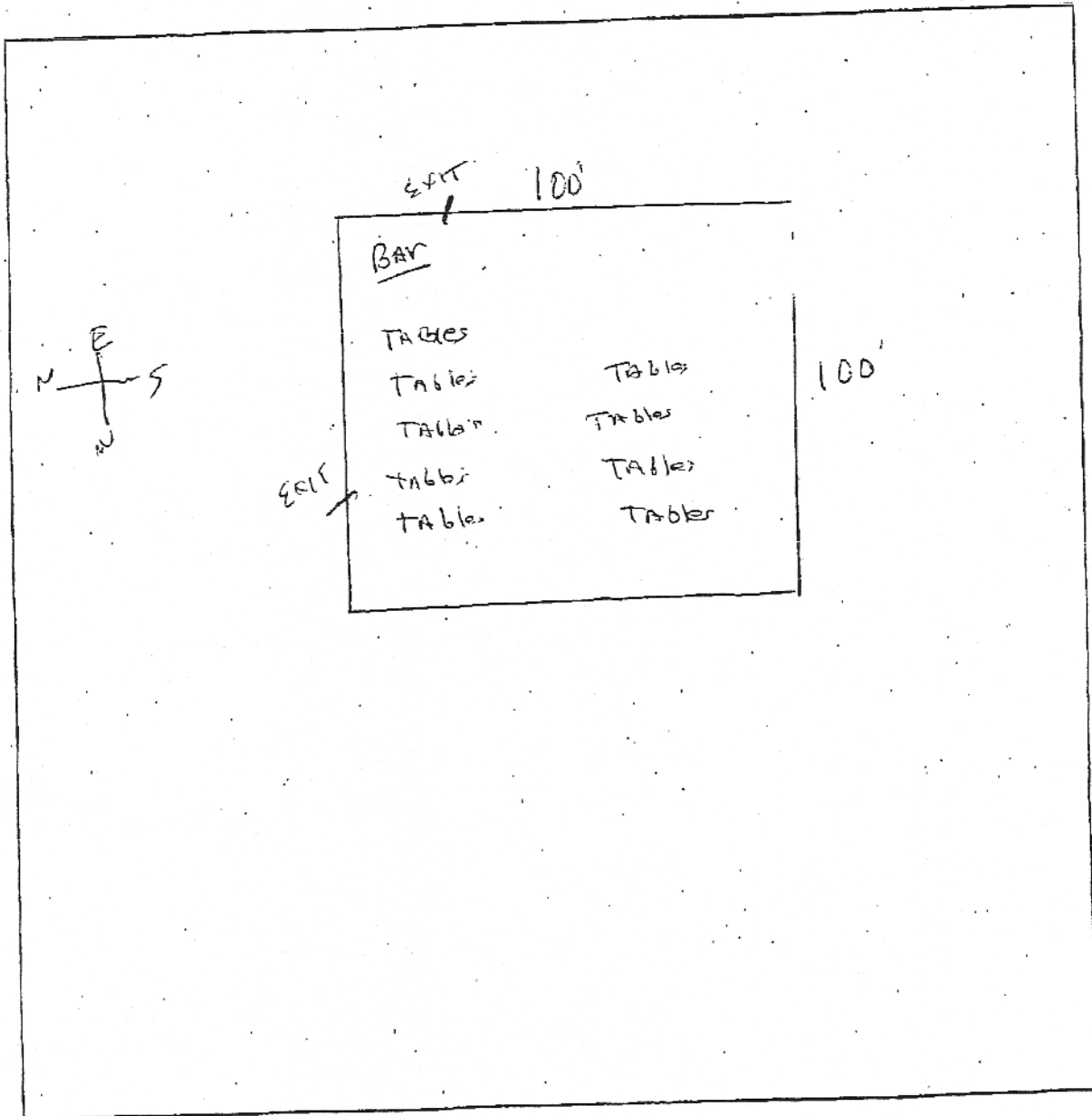
04/15/2005 10:19 #519 P.004/006

TENT INFORMATION

#326

Please provide a drawing showing the following:

1. Number of Exits & Size.
2. Size & location of tent(s)
3. Size of area being used (100' x 100')
4. Location of cooking equipment (if used) Inside building
5. Location of tables & chairs



USE THE ABOVE BOX FOR YOUR DRAWING